

APPLICATION FOR EMPLOYMENT

Chelan-Douglas Health District
200 Valley Mall Parkway
East Wenatchee, WA 98802
(509) 886-6400
(509) 886-6450 Environmental Health

We employ without discrimination because of race, color, religion, sex, national origin, creed, marital status, age, Vietnam era or disabled veterans status, or the presence of any sensory, mental or physical handicap.

(PLEASE PRINT)

Position(s) Applied for	Date of Application
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Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip
Telephone Numbers(s) (Work) _____ (Home or Msg) _____			Social Security Number 		

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

If Yes, give date _____

Have you ever been employed with us before? ☐ Yes ☐ No

If Yes, give date _____

Are you currently employed?..... ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work?..... _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Temporary

Are you willing to work: ☐ Evenings ☐ Weekends ☐ Holidays

Can you travel if a job requires it? ☐ Yes ☐ No

Have you ever been convicted of a felony ? ☐ Yes ☐ No

Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain _____

Have you ever been convicted of a crime against persons? ☐ Yes ☐ No

Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain _____

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	Name and Location of School	Course of Study	Dates Attended	Diploma/ Degree
High School or GED				
Undergraduate College				
Graduate Professional				
Other (Specify)				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write				Describe any specialized training, apprenticeship, skills and extra-curricular activities.
	Fluent	Good	Fair	
Speak				
Read				
Write				

Specialized Skills and /or Licenses if Applicable	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Environmental Health Specialist	<input type="checkbox"/> Calculator
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> Environmental Health Specialty Certification	<input type="checkbox"/> Typewriter (WPM)
	<input type="checkbox"/> Registered Sanitarian	_____	<input type="checkbox"/> Dos Based Computer System
		(Please list)	

State any additional information you feel may be helpful to us in considering your application.

Professional References
1. (Name) _____ (Phone Number) () _____ (Address) _____
2. (Name) _____ (Phone Number) () _____ (Address) _____
3. (Name) _____ (Phone Number) () _____ (Address) _____

Employment History

Begin with your current or most recent job. You may include military service assignments and volunteer activities. You may exclude organizations for which you volunteered which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor	Final Salary		
Reason for leaving				/Month
				/Week
				/Hour
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor	Final Salary		
Reason for leaving				/Month
				/Week
				/Hour
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor	Final Salary		
Reason for leaving				/Month
				/Week
				/Hour
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor	Final Salary		
Reason for leaving				/Month
				/Week
				/Hour
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor	Final Salary		
Reason for leaving				/Month
				/Week
				/Hour

If you need additional space, please continue on a separate piece of paper.

If the position for which you have applied will have unsupervised access to children under 16 years of age or to developmentally disabled persons, pursuant to RCW 43.43.834, you are requested to provide the following information in connection with your employment:

Have you ever been found by any criminal or civil court, or any disciplinary board final decision or in any final decision of the director of the Department of Licensing to have sexually assaulted, abused or exploited any minor or to have physically abused any minor?

☐ Yes ☐ No

If Yes, please provide the details of the conviction or decision, the date of conviction or decision, and the court, board or department in which you were convicted or the decision was made.

I, the undersigned, understand all statements I make in response to this question are subject to investigation and verification prior to appointment. The Health District may require fingerprints to make an inquiry to the Washington State Patrol or an equivalent law enforcement agency in order to verify any record for convictions of offenses, adjudications of child abuse in a civil action or disciplinary board final decision.

I do hereby certify, under penalty of perjury, that my responses to this question are true and correct to the best of my knowledge.

Applicant Signature _____ Date _____

APPLICANT'S STATEMENT

I certify that the information given by me to Chelan-Douglas Health District is true and complete to the best of my knowledge. I understand that, if I am employed, discovery that I gave false or misleading information will result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with Chelan-Douglas Health District's interest or those of its customers, nor will I become engaged in such activity or business if employed.

I authorize Chelan-Douglas Health District to solicit information regarding my character, general reputation, credit, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release Chelan-Douglas Health District from any liability for future references it may provide regarding my work history at the firm. I understand that an investigative consumer report may be obtained through personal interviews with my neighbors, friends or associates. If I am refused employment on the basis of such a report upon written request from me within a reasonable time, I have a right to a complete and accurate disclosure of the nature and scope of the investigations requested by Chelan-Douglas Health District.

If employed, I further agree that if Chelan-Douglas Health District advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any firm property the firm is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

Applicant Signature _____ Date _____

NOTE: Two signatures are required to be considered for employment.

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